

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35080

1. PLACE OF DEATH *Near Point Pleasant, Mo.*
 County *Near Point Pleasant, Mo.* Registration District No. *604* ✓
 Township *DeWitt* Primary Registration District No. *5805*
 City *Missouri* (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME *John Turner McPeak*
 (a) Residence, No. *Near Point Pleasant, Mo.* Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug., 30, 35</i>		
7. AGE YEARS One	MONTHS	DAYS 19
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) *Portageville, Mo.*
 (STATE OR COUNTRY)

FATHER 13. NAME *Wade B McPeak*

14. BIRTHPLACE (CITY OR TOWN) *Wilson Co*
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Anna Campbell*

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Wade B McPeak*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) *R M Payne*

20. FILED *9/24* 19 *36* *John O. Burdick* (Address) _____
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept., 17, 36*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept., 9, 36*, 19____, to *Sept., 15, 36*, 19____
 I last saw h. in alive on *Sept., 15, 36*, 19____. Death is said to have occurred on the date stated above, at *10 P.M.*
 The principal cause of death and related causes of importance were as follows:
Illic--colitis --- Aug. 12th, 36

Other contributory causes of importance:
None
 Name of operation *None* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *A. A. Reeder*
Portageville, Mo.
 _____ (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

